



## Preservice Teacher Practicum Readiness Form Year 1

<b>Preservice Teacher Name:</b>	
<b>Practicum School:</b>	
<b>University Advisor Name:</b>	
<b>Associate Teacher Name:</b>	
<b>Grade Level/Courses:</b>	

<b>Checklist of Pre-Practicum Tasks</b>	
a. I contacted my university advisor and my associate teacher	<input type="checkbox"/>
b. I reviewed my practicum school's Code of Conduct and Student Success Plan goals	<input type="checkbox"/>
c. I am aware of the cultural and socio-economic make-up of my practicum school	<input type="checkbox"/>
d. I reviewed the relevant provincial curriculum documents	<input type="checkbox"/>
e. I understand the subject-area contents being addressed during my practicum	<input type="checkbox"/>
f. I recognize the responsibilities and duties of the classroom teacher	<input type="checkbox"/>
g. I am aware of my responsibilities and conduct as per the Practicum Protocols	<input type="checkbox"/>
h. I am familiar with the year 1 Initial Assessment Form	<input type="checkbox"/>
i. I demonstrate a sufficient level of oral and written language of instruction	<input type="checkbox"/>
j. I have a strategy for self-reflection and for responding to feedback	<input type="checkbox"/>
<b>I need to focus on the following to support my professional growth:</b>	

Reviewed with EDUC 5390 or EDUC 5490 Instructor

Date Submitted by the Preservice Teacher: \_\_\_\_\_

Signature: \_\_\_\_\_

Please complete and review with the instructor no later than **October 11<sup>th</sup>**. Bring the form to your first meeting with the university advisor for review and keep a copy for your records.